

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS49AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/01/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>A &amp; J CARE HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5217 W GOWAN ROAD LAS VEGAS, NV 89130</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 4/1/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for 9 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was 7. Seven resident files were reviewed and 4 employee files were reviewed. One discharged resident file was reviewed.	Y 000		
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident  NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.  This Regulation is not met as evidenced by:	Y 859		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 859	Continued From page 1  Based on record review on 4/1/09, the facility failed to ensure 2 of 7 residents received an annual physical (Resident #1 and #3).  Severity: 2    Scope: 1	Y 859		
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order  NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.  This Regulation is not met as evidenced by: Based on record review and interview on 4/1/09, the facility failed to ensure 1 of 7 residents received medications as prescribed (Resident #4).  Severity: 2    Scope: 1	Y 878		
Y 936 SS=E	449.2749(1)(e) Resident file  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at	Y 936		

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Y 936	<p>Continued From page 2</p> <p>least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Based on record review on 4/1/09 the facility failed to ensure 3 of 7 residents complied with NAC 441A.380 regarding tuberculosis (Resident #1, #2 and #3) which affected all residents.</p> <p>This was a repeat deficiency from the 6/19/08 State Licensure survey.</p> <p>Severity: 2      Scope: 2</p>	Y 936			

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